

# **Mandatory Report of Illness, Injury, or Death Attributed to a Public Swimming Pool**

Name of Facility: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Telephone Number: (       ) \_\_\_\_\_

Type of Report: [   ] Death      [   ] Serious Injury      [   ] Bather complaint of illness

Date of Incident/Onset of Illness: \_\_\_\_\_

Name of Injured/Complainant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: (       ) \_\_\_\_\_

Description of injury or complaint\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) and Telephone Number(s) of Person(s) Rendering First Aid or Assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Hospital, Rescue Squad, or Physician Providing Medical Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) and Phone Number(s) of Witnesses to the Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Attach additional sheets as needed to provide complete details of the incident or illness.

**The information above must be submitted to the Mecklenburg County Health Department within 2 working days of any accident, injury or death attributed to a public swimming pool. (Reference Title 15A North Carolina Administrative Code 18A .2540) Information may be called in to the office at (704) 336-5100, or the completed form may be faxed to us at (704) 336-5306.**